

**LIQUOR COMMISSION
CITY AND COUNTY OF HONOLULU**

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7300 • FAX (808) 768-7311
INTERNET ADDRESS: www.honolulu.gov/liq

**ADD OR DELETE MEMBERS/MANAGERS/PARTNERS
FOR LLC, PARTNERSHIP OR UNINCORPORATED ASSOCIATION**
HRS Section 281-41, Rules 3-82-41.2, 3-83-53.1

Effective Date of Change: _____ License # (if existing): _____

Licensee Name: _____

Doing Business As (DBA): _____

Class: _____ Kind: _____
(Dispenser, Retail, etc.) (General, Beer, etc.)

Premise Address: _____

Phone: _____ Fax: _____ Email: _____

Changes to Members/Managers/Partners as follows (attach additional sheets if necessary):

IF ADDING A NEW MEMBER/MANAGER/PARTNER, please provide a notarized Personal History & Affidavit (Form# LIQ-LIC-129), completed Request for Criminal History Record Clearance (Form# LIQ-LIC-132), & copies of supporting documents to confirm the appointment of the Member/Manager/Partner & position. (Personal History and Criminal History Record does not apply to Transient Vessel Applications.)

Add	Delete	<u>Name</u>	<u>Title</u>	<u>% of Ownership</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

INITIAL I certify that all Members/Managers/Partners listed above are at least 21 years of age.

SIGNATURE Licensee (Owner)/Authorized Agent DATE

PRINT Licensee (Owner)/Authorized Agent

Note: If submission by Authorized Agent, please submit a Letter of Authorization or Notification of Authorized Agent (form# LIQ-LIC-106) signed by the Licensee/Owner.

Notary Initial
(If applying for New License or Transfer of License) _____

OFFICE USE:

LCIS ENTRY DATE: _____ HLC STAFF INITIAL: _____